

Friday, May 03, 2013

Home   News   Specialties   Communities   Programs   Quality   Data   Video Library   About Us

Contact

## T21 Transformation Initiatives

The T21 Initiatives are derived from Secretary Eric K. Shinseki's statement "To serve Veterans in the 21st Century requires a bold investment today for a transformed VA tomorrow". In FY 2010, the Secretary identified Telehealth as one of VA's transformation initiatives within the New Models of Health Care (NMOC/NMHC) T21 Initiative.

T21 Telehealth provides funding to VISNs to 1) grow the existing enterprise models of telehealth during FY 2010 – FY 2012 and 2) implement specific pilots for new models of Telehealth services for widespread implementation in the future. Details of some of the T21 Telehealth Initiatives are highlighted below.

### Telehealth Expansion

In FY 2011, The Secretary placed additional emphasis on the expansion of Telehealth by establishing the Telehealth Expansion Task Force.

In May 2011, the Secretary approved the further expansion of Telehealth (Expansion Initiative) by providing additional funding to VISNs to strengthen VA's telehealth infrastructure of equipment and staffing during FY 2011 and 2012. In FY13, continued funding was provided to VISNs to support staffing and Telehealth clinical operations.



The primary focus of the Expansion Initiative is Clinical Video Telehealth which enables VA clinicians, typically based at VA Medical Centers, to provide care using real-time video technologies to Veteran patients who receive their health care from VA community based outpatient clinics in their local communities.

Telehealth services provide more timely access to primary and specialty care services and reduce travel for both Veterans and VA clinicians, especially in rural locations. In FY 2012, the Telehealth Expansion Initiative was integrated as part of the Telehealth Sub-Initiative within the T21 New Models of Care framework and will increase the number and types of clinical services available to Veterans in their local communities that may not have been provided in those locations by VA previously.

In order to accomplish the task of expanding the current capacity of Clinical Video Telehealth and to further transform VA healthcare, a multi-disciplinary national workgroup was formed utilizing the project management model. The Telehealth Expansion workgroup is comprised of VISN level staff from all 21 VISNs representing telehealth, human resources, finance, contracting, information technology, and biomedical engineering working together to efficiently and effectively meet the objectives established by the Secretary for the Expansion Initiative and overcome any challenges that are experienced jointly across VISNs.

Between June and September 2011, the first objectives completed by the Telehealth Expansion VISN workgroup were the purchase of the necessary clinical video telehealth equipment to support expansion and the hiring of Facility Telehealth Coordinators at each VA medical center to lead and manage the medical center's telehealth program. In October 2011, the key focus of the workgroup was to hire Telehealth Clinical Technicians and VISN Telehealth support staff. Telehealth Clinical Technicians are critical to the success of the Expansion Initiative because they are the physical VA presence within the clinic who directly support the Veteran patient and the clinician who is at another location throughout their telehealth visit.

In addition to the need for the critical resources of staff and equipment to be in place for Telehealth Expansion, infrastructure and related support services are equally important.

For that reason, the Office of Information Technology and The Office of Healthcare Technology Management (formerly Biomedical Engineering) have pledged to work closely with Telehealth Services and VISNs to ensure that the necessary information technology infrastructure and biomedical engineering support is provided across the country. The support of the Office of Information Technology and Healthcare Technology Management is demonstrated in their partnership with Telehealth in the development of the Clinical Video Telehealth Help Desk and in the implementation of Service Level Agreements.

By the end of FY12, VISNs completed hiring of staff, installation of Telehealth equipment, and implementation of many new Telehealth programs. It is clear that there is a defined commitment from all levels of the VA and from all disciplines within to support and grow the use of Telehealth modalities. There are numerous applications for clinical video telehealth in the delivery of care and the Telehealth Expansion Initiative is a big step toward transforming healthcare.

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## T21 TELEHEALTH INITIATIVES

Interactive Voice Response

CVT into the Home

National Telemental Health Center

TeleAudiology

Tele-ICU | Intensive Care

TeleMOVE | IVR

TelePathology

TeleRetinal Imaging Expansion

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Updated/Modified: 5 March, 2013 10:27 AM

Friday, May 03, 2013

- Home
- News
- Specialties
- Communities
- Programs
- Quality
- Data
- Video Library
- About Us

Contact

## TeleAudiology

### T21 Initiative for TeleAudiology Implementation

TeleAudiology is primarily a **Clinical Video Telehealth (CVT)** technology where encounters take place synchronously. Encounters are primarily done between the clinic and the medical center. The TeleAudiology program is still in its initial stages of development and is part of Secretary Shinseki's T-21 Initiatives.

As healthcare continues to transition in the coming years, the private and public sectors are looking to emerging telehealth technologies to reach patients in distant locations who require a wide range of medical services. One particular area that has seen considerable growth in the use of these sophisticated technologies is the field of TeleAudiology. The development of TeleAudiology is particularly significant within the Department of Veterans Affairs due to the large population of Veterans who live with hearing loss. Meeting the needs of Veterans from rural and underserved areas has been a well-understood challenge within VA.



For the increasing number of Veterans seeking hearing health care, the opportunity now exists for quality care that is closer at hand. VA's mission to provide convenient and accessible services to its patients is being created through TeleAudiology technology and improved coordination of care with community-based outpatient clinics (CBOCs).

Tele-Audiology falls under the umbrella of [TeleRehabilitation](#). Please visit the [TeleRehab](#) for additional information.

[TeleAudiology Clinical Specialty Supplement](#)

#### Cleaning Telehealth Equipment

All telehealth technology and equipment must have a locally established standard operating procedure for cleaning equipment being utilized in telehealth areas of the VAMC, mobile telehealth clinic, outreach clinics and CBOCs. High level disinfection is highly dependent on the resources available at each site and will need to be decided on a site-by-site basis. Local SPS will need to oversee this process.

[The Telemedicine Cart and Peripheral Accessory Cleaning](#) guidance document references the classification scheme found in the Center for Disease Control, "Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008". This document categorizes the requirements for disinfection and sterilization into three levels according to the degree of risk for infection involved in the use of the item. It is ultimately at the discretion of the local hospital, doctor's office, or clinic to determine the extent of the cleaning required based on the environment with which the equipment is being operated.

[More...](#)

#### Clinical Video Telehealth National Training Center Staff

<a href="#">Rhonda Johnston</a>	Director of Education and Training for CVT	303-372-7808
<a href="#">Sarah Manser</a>	Education Program Specialist/Master Preceptor Liaison	303-372-7805
<a href="#">Mike Lewis</a>	Education Program Specialist/Technology Liaison	303-372-7802
<a href="#">Tammmy Stueve</a>	Education Program Specialist/Clinical Liaison	303-372-7814
<a href="#">Vacant</a>	Staff Assistant	303-372-7805

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#### ADDITIONAL RESOURCES

- [Clinic Based Telehealth Manual](#)
- [TeleRehab Supplement](#)
- [Core Conditions of Participation](#)
- [CVT Conditions of Participation](#)
- [Telehealth Informed Consent](#)
- [Telehealth Technology](#)
- [Technology Algorithm](#)
- [CVT Document Library](#)
- [Master Document Library](#)

#### MORE INFORMATION

- [Activity Database](#)
- [VISN Telehealth Contacts](#)
- [TeleAudiology Contacts](#)

#### TRAINING RESOURCES

- [TeleAudiology: The Patient Encounter](#)
- [CVT Training for TeleAudiology](#)
- [Telehealth Clinical Models: Audiology](#)
- [Intro to Telehealth in the VA](#)
- [Cultural Competence](#)
- [American Indian Rural Clinics](#)
- [Telehealth Clinical Technician](#)

#### TRAINING RESOURCES

- [Clinical Champions Syllabus](#)
- [Transitioning the Culture of Care](#)
- [PACT/CVT Foundations](#)
- [Telehealth Clinical Technicians](#)
- [Training and Event Calendar](#)

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Updated/Modified: 11 February, 2013 9:49 AM

Friday, May 03, 2013

- Home
- News
- Specialties
- Communities
- Programs
- Quality
- Data
- Video Library
- About Us
- Contact

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**Macular Degeneration and Glaucoma**

VHA has established a national model for screening for diabetic retinopathy by accessing patients in a primary care setting. Teleretinal imaging (TRI) to screen for diabetic retinopathy has proven to be effective in improving patient access and in entering diabetic patients into an eye care program in a timely and appropriate way. The program is designed to enhance the quality, efficiency and timeliness of healthcare for screening for diabetic retinopathy and since April 2006, more than 500,000 unique patients at more than 400 sites have been screened within VHA for diabetic eye disease and ophthalmic manifestation of related systemic disorders.



Initially, during the first four years of the program, only patients with diabetes were accessed and evaluated for ophthalmic signs of diabetes. In the FY2011-2012 phase of the pilot, the Teleretinal imaging services that have been successfully carried out in phase one will be expanded in two specific areas: expansion of the current TRI platform to screen for age-related macular degeneration and glaucoma and an additional component includes a pilot program for networking reading centers. This pilot builds on a model for Teleretinal image review currently in place in VISN 1, 6 and 10.

The Teleretinal imaging pathway employs a store and forward platform, which involves capturing and storing clinical information (e.g.data, image, sound, video) that is then forwarded to (or retrieved by) a distal site for clinical evaluation. The Teleretinal imaging program employs software that makes use of the DICOM interface with TeleReader, which will streamline the clinical process by providing an Information Technology platform for referral, image acquisition, image storage and image reporting. TeleReader is a standalone application that works in conjunction with VistA Imaging and CPRS. It is a tool that provides a modality work list for local or remote imaging studies that are in a cue to be read and diagnosed by a qualified, independent licensed eye care provider.

The proposed proof of concept and pilot program will span 24 months and is divided into three phases.

- **Phase I** is a nine-month effort that responds to VHA's need screen for additional sight-threatening disorders in an aging population. This first phase will employ a case study approach, using both quantitative and qualitative data, will provide a preliminary assessment of the standardized methodology for screening for age-related macular degeneration.
- **Phase II** will provide a scientifically sound evaluation of Teleretinal screening's ability to screen for glaucoma, with a proposed pathway determined based on the quality, efficiency, and timeliness of healthcare delivered for diabetic retinopathy.
- **Phase III** will run concurrently with phases 1 and 2 and reflects an effort to develop the prototype for a network of reading centers employing consolidation of administrative, clinical and technology services across networks to streamline the operation of image review stations.

**Store-and-Forward Telehealth National Training Center Staff**

<a href="#">Tony Cavallerano</a>	Director of Education and Training for SFT	857-364-2281
<a href="#">Gerald Selvin</a>	Teleretinal Optometry Lead, Chief of Optometry, Boston	857-364-6041
<a href="#">Guercie Jean-Baptiste</a>	Education Program Specialist	857-364-6512
<a href="#">Renee George</a>	Education Program Specialist	608-435-6215
<a href="#">Karen Jeong</a>	Education Program Specialist	857-364-2251
<a href="#">Vacant</a>	Staff Assistant	857-364-6231

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Updated/Modified: 12 January, 2012 8:12 AM